

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS524HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/28/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAXIM HEALTHCARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3530 E FLAMINGO ROAD SUITE 270 LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted at your facility on May 27, 2009 and finalized on May 28, 2009, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The census was 47. Four active patient files were reviewed and four discharged patient files were reviewed. There were no complaints investigated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	H 00		
H131	<p><b>449.770 Governing Body; Bylaws</b></p> <p>6. The governing body shall adopt bylaws or an acceptable equivalent in accordance with legal requirements. The bylaws must be written, revised as needed, and made available to all members of the governing body, the health division and the advisory group. the terms of the bylaws must include at least the following:</p>	H131		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Administrator*

(X6) DATE

*7/2/09*

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H132	Continued From page 2  This Regulation is not met as evidenced by: Based on document review of the Governing Body/Bylaws and staff interview, the agency failed to include policies relating to admissions, care and discharge of patients.  Findings include:  1. Agency policies lacked a provision indicating the agency would review its medical and personnel policies in accordance with its annual evaluation.  2. The Administrator failed to provide documented evidence in which the agency reviewed its medical policies.  Severity: 1 Scope: 3	H132	H132  The agency shall review medical policies as part of their annual program review. (The agency has scheduled a PAB meeting during the month of July for the purpose of this annual review.) Policy review shall occur during the agency's Professional Advisory Board Meeting(s) and recommendations for any changes, additions or deletions shall be sent, by the Administrator, to the Governing Body. The Governing Body shall review recommendations and make any approved changes to medical policies.	8/20/09
H133	449.770 Governing Body; Bylaws  8. The governing body is legally responsible for the appointment of a qualified administrator and the delegation of responsibility and authority. This Regulation is not met as evidenced by: Based on document review and interview, the agency's governing body failed to appoint a qualified administrator based on the agency's Administrator's Job Description/Administrator Position Requirements.  Findings Include:  Review of the agency's Administrator Job Description/Essential Job Functions revealed, one must be "Graduate of an accredited school of Nursing, BSN preferred; or Bachelor degree in Business/Marketing/Communications/Provider Relations with experience commensurate with the COP's or state specific requirements".	H133	H133  The agency does employ a qualified Administrator who does fulfill the duties outlined in NAC 449.773. The Nevada specific Administrator Job Description has been updated, by the Governing Body, to reflect the accurate educational requirements for this position. The current Administrator does meet the educational level requirements of the updated job description.	6/24/2009

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H133	Continued From page 3  The Administrator's Job Application did not meet the educational level requirement for the position.  On 5/27/09 in the afternoon, interview with the Administrator revealed, the Administrator did not meet the educational level requirement for the position per the agency's policy.  Severity: 1 Scope: 3	H133		
H134	449.770 Governing Body; Bylaws  9. The governing body shall ensure that the administrator has sufficient freedom from other responsibilities to permit adequate attention to the direction and management of the agency. This Regulation is not met as evidenced by: Based on document review of the Governing Body/Bylaws and staff interview, the agency failed to indicate that the governing body shall ensure that the administrator has sufficient freedom from other responsibilities to permit adequate attention to the direction and management of the agency.  Findings include:  1. Agency policies lacked a provision indicating the agency's governing body shall ensure that the Administrator had sufficient freedom from other responsibilities to permit adequate attention to the direction and management of the agency.  2. The Administrator failed to provide documented evidence of the above.  Severity: 1 Scope: 3	H134	H134 The Governing Body shall ensure that Administrator has sufficient freedom from other responsibilities to permit adequate attention to the management of the agency. The Administrator shall delegate all clinical oversight/responsibility to the Director of Clinical Services (DOCS) The DOCS shall report all significant clinical findings/issues to the Administrator at least weekly, and shall be responsible for all clinical follow up, with periodic oversight and intervention of the Regional Director of Clinical Services (RDOCS).	08/20/2009

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H136	<p>449.773 Administrator</p> <p>2. The administrator shall represent the governing body in the daily operation of the agency. His responsibilities include:</p> <p>(a) Keeping the governing body fully informed of the conduct of the agency through regularly written reports and by attendance at meetings of the governing body.</p> <p>(b) Employing qualified personnel and arranging for their orientation and continuing education.</p> <p>(c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and financial position of the agency.</p> <p>(d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the agency.</p> <p>(e) Holding periodic meetings to maintain a liaison between the governing body, the advisory groups and the members of the staff.</p> <p>(f) Other duties as may be assigned.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the agency's administrator failed to meet the requirements of Nevada Administrative Code 449.785(1-6 and 8-10) in the agency's provider contract and failed to ensure the public could access services the agency advertised and was licensed to provide.</p> <p>Findings include:</p> <p>1. The administrator provided two service contracts for physical and occupational therapists that failed to completely address Nevada regulations.</p> <p>2. The agency did not employ either a speech</p>		H136	<p>H136</p> <p>The Administrator shall ensure that all service contracts completely address the Nevada regulations, and that the agency does employ, either as a Maxim employee, or contracted employee, all therapies for which the agency is licensed and does advertise to provide. The Nevada Regulations have been forwarded to Maxim National Contracts Division., and therapy contracts will be reviewed and revised to contain the correct Nevada specific regulations. The Administrator will review all contracts at least annually to ensure that all contracts remain current and that all services are available ongoing.</p>	8/20/09

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H136	Continued From page 5  therapist or a registered dietitian. Agency promotional materials advertised it offered speech therapy and registered dietitians. The administrator indicated the agency's service contracts included speech therapy and registered dietitians. The agency's service contracts failed to include speech therapy and registered dietitians.  Severity: 2 Scope: 3	H136			
H139	449.776 Director of Professional Services  2. The director of professional services shall: (a) Direct, supervise and coordinate the skilled nursing services and other therapeutic services provided by the agency. (b) Develop and revise written objectives for the care of the patients, policies and procedure manuals. (c) Assist in the development of descriptions of jobs. (d) Assist in the recruitment and selection of personnel. (e) Recommend to the administrator the number and levels of members of the nursing staff. (f) Plan and conduct orientations and continuing education for members of the staff engaged in the care of patients. (g) Evaluate the performance of the nursing staff. (h) Assist in planning and budgeting for the provision of services. (i) Assist in establishing criteria for the admission and discharge of patients. This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to comply with the NAC 449.776 sections c and h.	H139	H139  The Administrator shall ensure that the agency is in compliance with the NAC 449.776 with regard to the duties of the DOCS, to include, but not limited to; assisting with the development of descriptions of jobs and assisting in planning and budgeting for the provision of services.  The DOCS job description has been updated to include the above stated duties, and the DOCS has been oriented to the additional duties by the Regional Director of Clinical Services (RDOCS). Participation in the above activities shall be reflected in the Annual Program Review and PAB meetings, with annual oversight by the RDOCS.	7/01/09	

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H139	Continued From page 6  Findings include:  On 5/27/08 in the afternoon, record review of the Director of Clinical Services (DOCS) job description and interview with the DOCS revealed, the DOCS did not participate in the development of job descriptions and did not assist in planning and budgeting for the provision of services.  Severity: 1 Scope: 3	H139			
H145	449.779 Professional Advisory Group  6. The member of the advisory group who is a physician shall interpret the established policies to the local medical society and to other physicians. This Regulation is not met as evidenced by: Based on document review and staff interview, the Professional Advisory Group (PAG) did not include a physician who shall interpret the established policies to the local medical society and to other physicians.  Findings include:  Interview with the Administrator and the Director of Clinical Services revealed a lack of documented evidence to indicate compliance.  Severity: 2 Scope: 3	H145	H145  The Professional Advisory Board does include a physician who interprets the established policies to the local medical society and to other physicians. The Physician shall provide documentation of his/her contact with the medical society and or other physicians during the Annual Program Review and PAB meetings. Said documentation shall be filed along with PAB meeting minutes to demonstrate compliance	8/20/09	
H152	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if	H152			

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H152	<p>Continued From page 7</p> <p>required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.176</p> <p>1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the central repository for Nevada records of criminal history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime.</p> <p>NRS 449.179</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward</p>	H152	<p>H152</p> <p>The agency shall maintain compliance with the NAC 441A.375, NRS 449.179(3) and/or personnel policies for all employees. The Administrator shall provide education to the Personnel Coordinator regarding said regulations and policy(s) through one on one training.</p> <p>A.)The Administrators job description has been revised to meet the Nevada requirements, and the current Administrator does meet the requirements of this current job description (Attachment A)</p> <p>B.) Employee #5 did have fingerprints repeated, and both sets were rejected. A name search was performed in 2008, and the employees name was removed from the background check audit sheet.( Attachment B)</p> <p>C.)Employee # 13 did not ever complete the hiring process and has never worked a shift for Maxim.</p> <p>D.)Employee # 15 will have a two step TB screening completed by no later than July 15, 2009 as a result of not having been screened in 2008, and per Maxim TB screening policy.</p> <p>The Personnel Coordinator shall be responsible for ensuring that all</p>	

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H152	Continued From page 8  the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history with in the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188. 3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least every 5 years. The administrator of person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the central repository for Nevada records of criminal history.	H152	regulatory and policy requirements are met for all candidates prior to hire and for all current employees at least annually, to include, but not limited to requirements of job descriptions, fingerprinting and background checks and tuberculosis screening, with at least semi annual oversight by the RDOCS	8/20 09

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H152	<p>Continued From page 9</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p> <p>NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request.</p> <p>NRS 449.185</p> <p>1. Upon receiving information from the central</p>	H152			

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H152	Continued From page 10  repository for Nevada records of criminal history pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate, the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as required pursuant to subsection 2. 2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1. 3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work; (a) Before it received the information concerning the employee or independent contractor from the central repository; (b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information; (c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or (d) Any combination thereof. An agency or facility may be held liable for any	H152		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H152	<p>Continued From page 11</p> <p>other conduct determined to be negligent or unlawful.</p> <p><b>NRS 449.188</b></p> <p>1. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if:</p> <p>(a) The applicant or licensee has been convicted of:</p> <p>(1) Murder, voluntary manslaughter or mayhem;</p> <p>(2) Assault with intent to kill or to commit sexual assault or mayhem;</p> <p>(3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;</p> <p>(4) Abuse or neglect of a child or contributory delinquency;</p> <p>(5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years;</p> <p>(6) A violation of any provision of NRS 200.50955 or 200.5099;</p> <p>(7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the preceding 7 years; or</p> <p>(8) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or</p> <p>(b) The licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a).</p> <p>2. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate an agency to provide nursing in the home</p>	H152			

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H152	<p>Continued From page 12</p> <p>to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.</p> <p>Sec. 10. NAC 441A.375 is hereby amended to read as follows:  441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:  (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and  (b) Tuberculosis screening test within the preceding 12 months, including persons with a</p>	H152		

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H152	<p>Continued From page 13</p> <p>history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control</p>	H152		

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H152	<p>Continued From page 14</p> <p>specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on document review and staff interview, the agency failed to comply with the NAC 441A.375, NRS 449.179 (3) and/or personnel policies for 4 of 16 employees.</p> <p>Findings include:</p> <p>A. Record review of the Administrator's job application revealed, the Administrator did not meet the agency's position requirements for the Administrator position.</p> <p>On 5/28/09, interview with the Administrator confirmed the agency failed to follow the agency's requirement for the position.</p> <p>B. Employee #5 was hired on 11/9/07. Employee # 5's 2nd set of fingerprints were rejected by the Nevada Repository Agency.</p> <p>On 5/28/09, the Personnel Background Check Audit sheets from Human Resources did not include Employee #5.</p> <p>The agency lacked documented evidence in which a follow up was made with the Nevada Repository Agency regarding Employee #5's 2nd set of fingerprint rejection.</p> <p>C. Employee #13 was hired on 5/22/09. Employee #13's file revealed lacked of documented evidence of a completed background check, copy of the professional</p>	H152		

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H152	Continued From page 15  licensure and the 2 step tuberculosis screening upon hire.  D. Employee #15 was hired on 4/1/09. Employee #15's file revealed lacked of documented evidence of the annual tuberculosis screening for 2008.  Severity: 2 Scope: 3	H152			
H155	449.785 Contracts for Home Health Services  If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 1. Provide for retention by the primary agency of responsibility for and control of the services. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's service contracts failed to provide for retention by the primary agency of responsibility for and control of the services.  Findings include: 1. The administrator provided two service contracts on 5/27/09 and 5/28/09. 2. The contracts failed to indicate the primary agency retained control of services.  Severity: 2 Scope: 3	H155	H155 The agency service contracts shall provide for retention by the primary agency of responsibility for and control of the services. The Administrator shall ensure that all current contracts include the provision for retention by the primary agency of responsibility for and control of the services. All current contracts will be reviewed and updated by Maxim Contracts/Legal Department. The Administrator shall review all contracts at least annually to ensure that all contracts are kept current and are in compliance with oversight Maxim Contracts/Legal Department.	8/20/09	
H156	449.785 Contracts for Home Health Services  If a home health agency provides home health	H156			

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H156	Continued From page 16  services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 2. Designate the services which are to be provided, the setting and the geographical area served. Services provided must be within the scope and limitations set forth in the plan of treatment and may not be altered in type, amount, frequency or duration, except in the case of adverse reaction. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's service contracts failed to include advertised services the agency could otherwise not provide and failed to address the scope and limitations of the agency's services.  Findings include:  1. The agency did not employ either a speech therapist or a registered dietitian. Agency promotional materials advertised it offered speech therapy and registered dietitians. The administrator indicated the agency's service contract included speech therapy and registered dietitians. The agency's service contracts failed to include speech therapy and registered dietitians.  2. The agency's contracts failed to address the scope and limitations of its services.  Severity: 2 Scope: 3	H156	H156  The agency contracts shall include advertised services that the agency can not provide, and shall address the scope and limitation of the agency's service. The Administrator shall ensure that all current agency contracts include the services of all therapies that the agency does not currently employ, and that the scope and limitation of services are clearly defined through at least annual review of all contracts All current contracts will be reviewed and updated by Maxim Contracts/Legal Department. The Administrator shall review all contracts at least annually to ensure that contracts are kept current and are in compliance with oversight by Maxim Contracts/Legal Department.	8/20/09
H157	449.785 Contracts for Home Health Services  If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that	H157		

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H157	Continued From page 17  such services be furnished in accordance with the terms of the written contract. The contract must: 3. Describe how the contracted personnel are to be supervised. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's service contracts failed to describe how the agency would supervise contracted personnel.  Findings include:  1. The administrator provided two service contracts on 5/27/09 and 5/28/09.  2. The contracts failed to indicate how the agency would supervise contracted personnel.  Severity: 2 Scope: 3	H157	H157 The agency's contracts shall indicate how the contracted personnel are to be supervised. All current contracts will be reviewed by the Administrator and updated by Maxim Contracts/Legal Department to include said supervision. The Administrator shall provide information to all contracted staff members regarding the manner in which they are to be supervised during the orientation process and at least annually thereafter. All current contracts shall be review and updated by 8/20/09. The Administrator shall review all contracts at least annually for compliance, with oversight by Maxim Contracts/Legal Department.	8/20/09
H158	449.785 Contracts for Home Health Services  If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 4. Describe how services are coordinated with the primary agency. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's service contracts failed to describe how services were coordinated with the primary agency.  Findings include:  1. The administrator provided two service	H158	H158  The agency's service contracts shall describe how contracted services are coordinated with the primary agency. All current contracts will be reviewed by the Administrator and revised by Maxim Contracts/Legal Department to include coordination of services. The Administrator shall provide information to all contracted staff members regarding the manner in which their services are to be coordinated with the primary agency during the orientation process and at least annually thereafter.	

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H158	Continued From page 18 contracts on 5/27/09 and 5/28/09.  2. The contracts failed to describe how services were coordinated with the primary agency.  Severity: 2 Scope: 3	H158	The Administrator shall review all contracts at least annually for compliance, with oversight by Maxim Contracts/Legal Department.	8/20/09
H159	449.785 Contracts for Home Health Services  If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 5. Provide for the reporting of clinical notes and observations by contracted personnel for inclusion in the records of the primary home health agency to facilitate planning and evaluating patient care and to document the care given. Periodic progress notes by appropriate members of the staff must be submitted at least every 14 days and more often if warranted by the patient's condition. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's contracts failed to indicate a 14 day deadline for clinical staff to submit notes.  Findings include:  1. The administrator provided two service contracts on 5/27/09 and 5/28/09.  2. The contracts failed to indicate a 14 day deadline for clinical staff to submit notes.  Severity: 2 Scope: 3	H159	H159  The agencies contracts shall indicate a 14 day deadline for clinical staff to submit notes. All current contracts will be reviewed by the Administrator and revised by Maxim Contracts/Legal Department. The Administrator shall provide information to all contracted staff members regarding said 14 day deadline, during the orientation process and at least annually thereafter. The Administrator shall review all contracts at least annually for compliance, with oversight by Maxim Contracts/Legal Department.	8/02/09

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H160	Continued From page 19	H160		
H160	<p>449.785 Contracts for Home Health Services</p> <p>If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must:</p> <p>6. Specify the method of determining charges and reimbursement by the primary agency for specific services provided under contract. Only the primary agency may bill for or collect for services.</p> <p>This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's service contracts failed to indicate only the primary agency could bill for services.</p> <p>Findings include:</p> <p>1. The administrator provided two service contracts on 5/27/09 and 5/28/09.</p> <p>2. The contracts failed to indicate only the primary agency could bill for services.</p> <p>Severity: 2 Scope: 3</p>	H160	<p>H160</p> <p>The agency contracts will indicate that only the primary agency, Maxim Healthcare Services, can bill for services.</p> <p>All current contracts will be reviewed by the Administrator and revised by Maxim Contracts/Legal Department.</p> <p>The Administrator shall review all contracts at least annually for compliance, with oversight by Maxim Contracts/Legal Department.</p>	8/20/09
H162	<p>449.785 Contracts for Home Health Services</p> <p>If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must:</p> <p>8. Assure that personnel and services contracted for, meet the requirements specified in NAC</p>	H162		

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H162	Continued From page 20  449.749 to 449.800, inclusive, for home health agency personnel and services, including licensure, personnel qualifications, medical examination, functions, supervision, orientation, inservice education and case conferences. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's service contracts failed to assure contracted personnel and services met requirements under Nevada Administrative Code (NAC) 449.749 to 449.800 inclusive.  Findings include:  1. The administrator provided two service contracts on 5/27/09 and 5/28/09.  2. The contracts failed to completely address the above referenced details of NAC 449.749 to 449.800.  Severity: 2 Scope: 3	H162	H162  The agency contracts shall indicate that all personnel and services contracted for, meet the requirements specified in NAC 449.749 to 449.800, inclusive, for home health agency personnel and services, including licensure, qualifications, medical examination, functions, supervision, orientation, in-service education and case conferences. All current contracts will be reviewed by the Administrator and revised by Maxim Contracts/Legal Department. The Administrator shall provide information to all contracted staff members regarding the requirements as stated in NAC 449.749 to 449.800 during the orientation process and at least annually thereafter. The Administrator shall review all contracts at least annually for compliance, with oversight by Maxim Contracts/Legal Department.	8/20/09
H163	449.785 Contracts for Home Health Services  If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must:  9. Provide for the acceptance of patients for home health service only by the primary home health agency. Patients may not be admitted for home health service by any person without an appropriate review of the case and acceptance of the patient by the agency. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's service contracts failed to	H163		

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NAME OF PROVIDER OR SUPPLIER  <b>MAXIM HEALTHCARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3530 E FLAMINGO ROAD SUITE 270 LAS VEGAS, NV 89121</b>		
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H163	Continued From page 21  indicate the primary agency would only admit referred patients with an appropriate case review.  Findings include:  1. The administrator provided two service contracts on 5/27/09 and 5/28/09.  2. The contracts failed to indicate the primary agency would only admit referred patients with an appropriate case review.  Severity: 2 Scope: 3	H163	H 163  The agency contracts shall indicate that the primary agency, Maxim Healthcare Services, will only admit referred patients with an appropriate case review. All current contracts will be reviewed by the Administrator and revised by Maxim Contracts/Legal Department. The Administrator shall review all contracts at least annually for compliance, with oversight by Maxim Contracts/Legal Department.	8/20/09
H164	449.785 Contracts for Home Health Services  If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 10. Assure that personnel and services contracted for will provide treatment to referred patients without regard to race, creed or national origin. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency's service contracts failed to assure contracted personnel and services would provide treatment to referred patients without regard to race, creed or national origin.  Findings include:  1. The administrator provided two service contracts on 5/27/09 and 5/28/09.  2. The contracts failed to assure contracted personnel and services would provide treatment	H164	H 164  The agency's contracts shall indicate that that contracted personnel and services will provide treatment to referred patients without regard to race, creed or national origin. All current contracts will be reviewed by the Administrator and revised by Maxim Contracts/Legal Department The Administrator shall provide information to all contracted staff members regarding the agency's provision of services without regard to race, creed or national origin during the orientation process and at least annually thereafter. All currently contracts shall be reviewed and revised by 8/20/09. The Administrator shall review all contracts at least annually for compliance, with oversight by Maxim Contracts/Legal Department.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS524HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/28/2009</b>
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H164	Continued From page 22  to referred patients without regard to race, creed or national origin.  Severity: 2 Scope: 3	H164		
H166	449.788 Services to Patients  1. If needed patient services are not available within the agency, the agency must assist in directing the patient to other community resources. This Regulation is not met as evidenced by: Based on record review and administrator/director of nursing interviews, the agency failed to provide a policy statement directing patients to other resources if the agency could not provide a needed service.  Findings include:  The above missing policy was discussed with the Administrator and Director of Nursing, and they failed to provide it.  Severity: 1 Scope: 3	H166	H166  The agency shall provide a policy statement directing patients to other resources if the agency is unable to provide a needed service. All patients will be given the opportunity to seek, with or without the assistance of Maxim Healthcare Services, an alternate care provider for any services that the agency is unable to provide. The patient will be given the opportunity to decide at what time they, the patient, will request alternate/additional resources care providers on a case by case basis. The agency will inform all clients at time of admission and at any time during the course of care if Maxim is unable to provide any services authorized and prescribed for their care, and will assist the patient in obtaining said resources at the patient's request. The agency shall document all efforts to provide additional resources through case conference notes, client loggings, and case coordination memos. The DOCS/ Administrator will be responsible for ensuring that all patients' needs are met on at least a weekly basis, with ongoing oversight of the RDOCS.	08/20/09
H169	449.791 Duties of Personnel  1. A registered nurse shall: (a) Provide nursing guidance and care to patients at home. (b) Evaluate the home for its suitability for the patient's care. (c) Teach the patient and those in the home who nurse him how his care is to be given. (d) Supervise and evaluate the patient's care on a continuing basis. (e) Provide necessary professional nursing care.	H169		

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H169	Continued From page 23  This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to indicate registered nurses' duties included home evaluation and patient and family teaching.  Findings include:  On 5/27/09 in the afternoon, the Director of Clinical Services failed to provide documented evidence which indicated that registered nurses duties included home evaluation and teaching.  Severity: 1 Scope: 3	H169	H 169 The agency shall ensure that the duties of the Registered Nurse include home evaluation and teaching. The DOCS shall educate all clinical staff responsible for admission assessment, at time of orientation and at least annually thereafter, on the use of the Home Safety Evaluation form currently available in each admission packet, which is to be completed at the time of admission and updated at least annually for each patient. Documentation of individual staff education shall be reflected on the clinical competency evaluation form. The Home Safety Evaluation shall be kept on file in the client record. DOCS will likewise educate all clinical staff regarding the assessment and determination of patient education at time of admission, and updated throughout the course of care. Documentation will reflect patient/caregiver teaching and evaluation of comprehension of education provided with each service delivery (shift/visit). The DOCS or designee shall review documentation through the QA process to ensure compliance, with at least semi annual oversight by the RDOCS	08/20/09
H174	449.791 Duties of Personnel  6. The occupational therapist shall: (a) Assist the physician in his evaluation of the patient's level of function and ability to perform activities of daily living. (b) help to develop and implement the patient's care plan. (c) Instruct members of the health care team and family who participate in the patient's occupational therapy. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to indicate occupational therapists' duties included patient and family teaching.  Findings include:  On 5/27/09 in the afternoon, the Director of Clinical Services failed to provide documented evidence that occupational therapists duties included teaching.	H174		

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H174	Continued From page 24 Severity: 1 Scope: 3	H174	H 174 The agency shall ensure that the Occupational Therapist (OT) duties include patient and family teaching. The DOCS shall educate all OT staff at time of orientation and at least annually regarding the documentation of patient/family education at time of initial assessment and on each documented visit Documentation of education shall be reflected on the orientation checklist and competency evaluation forms Patient documentation will reflect patient/caregiver teaching and evaluation of comprehension of education provided with each service delivery (shift/visit). The DOCS or designee shall review documentation through the QA process to ensure compliance, with at least semi annual oversight by the RDOCS.	8/20/09
H176	449.793 Evaluation by Governing Body  2. A committee shall review all contracts and charters held by the agency to ascertain that: (a) Existing contracts are legal and up to date. (b) The existing contracts meet the needs of all parties involved. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency failed to review all contracts annually to ascertain that existing contracts were legal and up to date and met the needs of all parties involved.  Findings include:  1. On 5/27/09, the administrator provided a service contract that expired on 7/20/08.  2. On 5/28/09, the administrator provided a second service contract for physical and occupational therapists that failed to completely address the requirements of Nevada Administrative Code 449.785(1-6 and 8-10) in the agency's provider contract and failed to ensure the public could access services the agency advertised and was licensed to provide.  3. The agency did not employ either a speech therapist or a registered dietitian. Agency promotional materials advertised it offered speech therapy and registered dietitians. The administrator indicated the agency's service contract included speech therapy and registered dietitians. The agency's service contracts failed to include speech therapy and registered dietitians.	H176  H 176 The agency shall ensure that all contracts are reviewed annually to ascertain that existing contracts are legal, up to date and meet the needs of all parties involved. The Administrator shall review all current contracts to ensure that the provisions of NAC 449.785 (1-6 and 8-10) are completely addressed, and that the public can access the services advertised and licensed by the agency to provide. The Administrator shall contract with any/all services that the agency is not able to provide, to,		

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H176	Continued From page 25 Severity: 2 Scope: 3	H176	include but not limited to speech therapy and registered dietician services.	08/20/09
H177	449.793 Evaluation by Governing Body  3. A committee shall review the management and office procedures of the agency to ascertain that: (a) The agency is being operated in the most effective and economical means while still giving quality service. (b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current. (c) Equipment is in good repair an adequately meets operational needs. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency failed to review management and office procedures in accordance with its annual evaluation.  Findings include:  1. Agency policies lacked a provision indicating the agency would review its management and office procedures to ascertain: (a) The agency was being operated in the most effective and economical means while still giving quality service. (b) All office procedures were up to date, filing was correctly done and bookkeeping met current accepted accounting procedures. (c) Equipment was in good repair an adequately met operational needs.  2. The administrator failed to provide documented evidence the agency reviewed its management and office procedures annually.  Severity: 1 Scope: 3	H177	The Administrator shall review all contracts at least annually to ensure that the agency has the ability to provide all services advertised to the public, and shall seek out additional contracted employees as deemed necessary on an on-going basis.  H177  The agency shall review the management and office procedures in accordance with its annual evaluation, and shall include documentation that the agency is being operated in the most effective and economical means while still giving quality service, all office procedures are up to date, filing is correctly done and bookkeeping meets current acceptable accounting procedures, and that all equipment is in good repair and adequately meets operational needs. The Administrator shall include the report of review in his/her annual report to the PAB. The PAB shall review the annual report and shall make recommendations, which will be sent to the Governing Body by the Administrator. The Governing Body shall respond to the agency/PAB through Governing Board Resolution of acceptance/rejection of PAB recommendation.	8/20/09

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H178	Continued From page 26	H178	H178	
H178	<p>449.793 Evaluation by Governing Body</p> <p>4. The committee shall submit a report to the governing body with any recommendations for changes and pertinent observations as it deems necessary. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency failed to submit a report to the governing body with any recommendations for changes and pertinent observations it deemed necessary regarding its annual evaluation.</p> <p>Findings include:</p> <p>1. Agency policies lacked a provision indicating the agency would submit a report to the governing body with any recommendations for changes and pertinent observations it deemed necessary regarding its annual evaluation.</p> <p>2. The administrator failed to provide documented evidence the agency submitted such a report to its governing body annually.</p> <p>Severity: 1 Scope: 3</p>	H178	<p>The agency shall submit a report to the Governing Body with any recommendations for any changes and pertinent observation it deems necessary regarding its annual evaluation.</p> <p>The Administrator and DOCS shall present the annual review to the members of the PAB each year during the agencies first scheduled PAB meeting. The review will be a complete over view of the previous year. The PAB will make recommendations based on the findings of the annual review. The Administrator shall send the recommendations to the Governing Body for review. The Governing Body shall accept/decline and implement changes based on the recommendations, and shall issue Governing Board Resolution(s) accordingly.</p>	08/20/09
H179	<p>449.793 Evaluation by Governing Body</p> <p>5. A committee shall review the medical and personnel policies to ensure that the policies are being fulfilled and necessary changes or additions are effected. This Regulation is not met as evidenced by: Based on record review and administrator interview, the agency failed to review its medical and personnel policies in accordance with its annual evaluation.</p>	H179	<p>H179</p> <p>The agency shall review its medical and personnel policies in accordance with its annual evaluation.</p> <p>The findings of the policy review will be reported to the PAB. The PAB shall review the findings and make recommendations to the Governing Body regarding any recommended changes, which will be sent to the Governing Body by the Administrator.</p>	

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H179	Continued From page 27 Findings include:  1. Agency policies lacked a provision indicating the agency would review its medical and personnel policies in accordance with its annual evaluation.  2. The administrator failed to provide documented evidence the agency reviewed its medical and personnel policies annually.  Severity: 1 Scope: 3	H179	The Governing Body shall review the recommendations of the PAB and shall issue Governing Board Resolution(s), and/or initiate policy addition/revision.	08/20/09
H180	449.793 Evaluation by Governing Body  6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during the preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each area. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on record review and administrator	H180	H180  The agency shall make provision for a quarterly review of 10% of the patient records of patients who received services in the previous three months. The DOCS shall be responsible for coordination the QA process, designation of the QA team, review of results and development of Quality Improvement tasks related to the chart review findings. Results of the quarterly chart review will be reported to the PAB. The PAB shall make recommendations related to QA findings to the Governing Board. Governing Board shall review PAB recommendations at least annually and shall acknowledge approved recommendations via Governing Board Resolution. The DOCS shall implement approved changes on an ongoing basis, and shall develop individualized Performance Improvement activities related to QA findings, with at least semi annual oversight of the RDOCS.	08/20/09

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H180	Continued From page 28  interview, the agency's governing body failed to provide for a quarterly review of 10 percent of the records of patients who received services during the preceding 3 months in each service area.  Findings include:  1. Agency policies lacked a provision indicating the agency's governing body provided a quarterly review of 10 percent of the records of patients who received services during the preceding 3 months in each service area.  2. The administrator failed to provide documented evidence the agency's governing body provided a quarterly review of 10 percent of the records of patients who received services during the preceding 3 months in each service area.  Severity: 1 Scope: 3	H180		
H184	449.797 Contents of Clinical Records  Clinical records must contain: 1. The name, address and telephone number of the person who will be notified in an emergency involving the patient. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to provide emergency contact information in its clinical records for 3 of 8 patients (Patient #1, #2, and #6).  Findings include:  1. The Director of Nursing indicated the agency did not have emergency contact information for every patient.  2. The Director of Nursing printed client	H184	H184  The agency shall provide emergency contact information on all patients, and said information shall be retained in the patient record. The DOCS shall educate the clinical staff regarding the collection of emergency contact information through in-service training. Emergency contact information shall be collected at time of admission and shall be updated at least annually and PRN with any changes in contact information. 100 % record review will be performed to ensure that all active clients have current, appropriate emergency contact information on file The DOCS and/or qualified designee shall review emergency contact information at time of admission and at least annually thereafter for any changes in contact information.	08/20/09

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H184	Continued From page 29  information reports indicating some patients lacked emergency contact information. The respective patient files lacked emergency contact information.  Severity: 1 Scope: 2	H184			
H187	449.797 Contents of Clinical Records  Clinical records must contain: 4. A plan for patient care which includes: (a) Objectives and approaches for providing services. (b) Diagnoses of all medical conditions relevant to a plan of treatment. (c) Physical traits pertinent to the plan for care, (d) Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. (e) Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. (f) Requirements of activity, such as the degree allowed and any assistance required. (g) Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. (h) Nutritional needs. (i) Medical supplies needed, such as dressings or irrigation sets. (j) The degree of participation of the family in the care. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to provide a policy statement indicating its plans of care would include nursing services required, the level of care, frequency of visits, and	H187	<p>H187</p> <p>The agency policy does indicate the agency plans of care are to include the level of care, frequency of visits and special care needs. This policy is entitled "Home Health Plan of Care and Certification" (see Attached)</p> <p>The RDOCS will provide one-on one education to the DOCS regarding this policy and the development of plans of care accordingly.</p> <p>The DOCS shall educate the clinical staff regarding the same, and shall review each plan of care through the weekly QA process to ensure completion and compliance. All current plans of care shall be reviewed and updated with supplemental orders for any missing disciplines, frequencies of visits or special care needs. RDOCS shall perform random review to ensure compliance.</p>		8/20/09

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NAME OF PROVIDER OR SUPPLIER

**MAXIM HEALTHCARE SERVICES, INC**

STREET ADDRESS, CITY, STATE, ZIP CODE

**3530 E FLAMINGO ROAD SUITE 270  
LAS VEGAS, NV 89121**

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H187	Continued From page 30 special care required.  Findings include:  1. Agency policies lacked a provision indicating its plans of care would include nursing services required, the level of care, frequency of visits, and special care required.  2. The Administrator and Director of Nursing failed to provide documented evidence of policies indicating the agency's plans of care would include nursing services required, the level of care, frequency of visits, and special care required.  Severity: 2 Scope: 3	H187	H195  The agency will ensure that all physicians' orders are signed and returned within 20 days. All orders shall be entered into the orders tracking system, located in the INFOMAX system, by the medical records clerk or trained designee upon receipt of the order. The DOCS shall review the orders tracking report at least once per week to ensure that all orders are being appropriately tracked by medical records and returned by the physician in a timely manner. The agency shall notify all current physicians of their responsibility to the home care patient/agency, which includes signing and returning orders within 20 days. This notification will be made in writing to all active physicians, and to all new physicians upon acceptance of their patient for care. All orders will be re-sent to physicians if not signed and returned within 7 days. Follow up reminder calls will be made by the medical records clerk to physicians for any orders not signed and returned within 10 days. Any physician order that is not signed and returned within 15 days will initiate a call to the MD by the DOCS, Administrator or designee. If necessary, the Medical Director will be called upon to assist in encouraging his/her fellow physician to sign orders in a timely manner so that compliance can be maintained by the agency.	8/20/09
H195	449.800 Medical Orders  2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out. All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on record review, the agency failed to ensure physicians signed medical orders within 20 working days for 3 of 8 patients (Patient #6, #7, and #8).  Findings include:  1. Two plans of care failed to meet Nevada Administrative Code 449.800(2) for Patient #6.  2. Two plans of care failed to meet Nevada Administrative Code 449.800(2) for Patient #7.	H195		

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS524HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/28/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAXIM HEALTHCARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3530 E FLAMINGO ROAD SUITE 270 LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H195	Continued From page 31  3. On 1/16/09, two supplementary physician's orders failed to meet Nevada Administrative Code 449.800(2) for Patient #8.  Severity: 1 Scope: 2	H195	The DOCS shall monitor timeliness of orders through the weekly QA process.	
H197	449.800 Medical Orders  5. The agency must have an established policy regarding the administration of injectable narcotics and other drugs subject to the drug abuse law. If the policy allows the administration of injectable narcotics and other dangerous drugs subject to drug abuse law, they must be prescribed according to state regulations. This Regulation is not met as evidenced by: Based on record review, the agency failed to address state regulations within its narcotics/dangerous drugs policy.  Findings include:  The agency's "controlled substance record" policy failed to indicate whether controlled substances and other dangerous drugs were prescribed according to state regulations.  Severity: 1 Scope: 3	H197	H197  The agency shall ensure that all controlled substances are prescribed by a physician licensed in the state of Nevada, and according to state regulations. The agency control substance record policy will address state regulations within that policy. The DOCS will educate all clinical staff regarding the regulation and policy via in-service education. The DOCS or qualified designee shall verify licensure of all physicians prescribing narcotics to the agency's patients, to ensure that the physician has no action or restrictions to his/her licensure related to prescribing narcotics in the state of Nevada. The DOCS or qualified designee shall verify all active physician licensure at least annually to ensure that there are no actions or restrictions related to prescribing narcotics in the state of Nevada. The physician licensure log shall be reviewed by the RDOCS during on sight visits to the agency.	8/20/09
H200	449.800 Medical Orders  8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to obtain new orders to address plan of care changes for 4 of 8 patients (Patient #3, #4,	H200		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS524HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/28/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAXIM HEALTHCARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3530 E FLAMINGO ROAD SUITE 270 LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H200	<p>Continued From page 32 #7 and #8).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The agency failed to provide Patient #3 with 10 hours of ordered skilled nursing visits 6 of 7 weeks between 4/5/09 and 5/23/09. The Director of Nursing indicated the agency did not admit cases unless it could staff them, but she indicated the agency had difficulty staffing this particular case. The patient's file indicated the agency communicated with the patient's mother about difficulty staffing the case; the file lacked orders for reduced visit time for the weeks when the agency failed to make visits.</li> <li>2. Patient #4 received two skilled nursing visits when the physician ordered one for the first care week of the period beginning 2/10/09. The file lacked an order for the additional visit.</li> <li>3. The agency failed to provide Patient #7 with ordered visits on 3/28, 4/26, 5/02, and 5/03. The Director of Nursing checked and indicated the agency lacked documented evidence of the aforementioned ordered visits. The file lacked orders nullifying the aforementioned visits.</li> <li>4. The agency failed to provide Patient #8 with four ordered visits weekly for every care week between 3/1/09 and 5/23/09. The file lacked orders reducing the aforementioned visits.</li> </ol> <p>Severity: 2 Scope: 3</p>	H200	<p>H 200</p> <p>The agency shall obtain physicians orders for any change in the patient's plan of care, to include, but not limited to, number of hours of care or visits to be provided to the patient.</p> <p>For patient # 3, the physician has been notified of the agency's failure to make visits as ordered, and orders have been clarified for a reduction of hours accordingly. For patient # 4, the agency will not bill for the additional visit made during the week of 2/10/09.</p> <p>For patient #7, the physician has been notified of missed visits on 3/28, 4/26, 5/02 and 5/03 and orders have been obtained, nullifying the aforementioned visits.</p> <p>For patient #8, the physician has been notified and orders have been obtained to clarify the reduction of frequency of visits between 3/1/09 and 5/23/09.</p> <p>The DOCS or qualified designee shall notify the physician of any changes in the hours or number of visits being provided and/or any missed visits/shifts, as changes occur, and shall obtain physicians orders for said change.</p> <p>The DOCS or designee shall evaluate compliance through weekly QA process with oversight of the RDOCS at least semi-annually.</p>	8/20/09

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